FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL OMB Number: 3235-0076 Expires: May 31, 2005 Estimated average burden hours per response...... 16.00

SEC USE ONLY						
Prefix]	Serial				
. D	ATE RE	CEIVED				

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U (endment and name has char	nged and indicate chan	ge.)	1385057
Series A Preferred Sto-	ck and underlying Se	curities			
Filing Under (Check box	x(es) that apply): \square R	ule 504 🗆 Rule 505 🗵	Rule 506 🗆 Section	n 4(6) ULOE	
Type of Filing: New	Filing	nendment			
	艾克斯斯 的大学	A. BASIC IDENT	IFICATION DATA		ANAPOR
1. Enter the information	requested about the i	ssuer			PROCESS
Name of Issuer (□ ch SignalDemand, Inc.	eck if this is an amen	dment and name has change	ed, and indicate change	e.)	JOCT 0 5 20
Address of Executive O	ffices	(Number and Street,	City, State, Zip Code)	Telephone Number (Including Area Code)
340 Brannan Street,	4th Floor	San Francisco, CA	94107	(415)-541-4020	HUMSON
Address of Principal Bu (if different from Execut	•	(Number and Street,	City, State, Zip Code)	Telephone Number (Including Area Cod ANCIA
Brief Description of Bus	siness				13/
Develop Software to op	itimize manufacturer	s function of business to b	usiness signal deman	i. /	COCT O A 200A
Type of Business Organ Corporation		nership, already formed	□ other (please spo	ecify):	
business trust	☐ limited partr	nership, to be formed	·		179/39
		Month	Year		
Actual or Estimated Dat	e of Incorporation or (Organization: 0 5	0 3 × A	Actual	Estimated
Jurisdiction of Incorpora	ation or Organization:	(Enter two-letter II S	Postal Service abbres	viation for State:	D E

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENTIF	ICATION DATA	<u> </u>				
1. Enter the information requ			_					
		s been organized within the			0 1 21 0.1			
	ing the power to	vote or dispose, or direct the	e vote or disposition of, 10 ⁶	% more of a class	of equity securities of the			
issuer;	director of corp	orate issuers and of cornorat	e general and managing na	rtners of nartners	nin iccuers: and			
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 								
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☑ Executive Officer	☑ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if i	ndividual)			•				
Neal, Michael	,							
Business or Residence Address	(Number and Str	reet City State Zin Code)						
	•		Emanaises CA 04107					
		Street, 4th Floor, San		manili				
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if i								
Hummer Winblad Venture Venture Partners V-A, L.1		.P as nominee for Humi	mer Winblad Venture I	Partners V, L.F	. and Hummer Winblad			
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)		*				
c/o Hummer Winblad	Venture Partn	ers V, L.P., 2 South Par	k. 2 nd Floor, San Franc	isco, CA 94107	Karana da			
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if i	ndividual)							
Catamount Ventures	ŕ							
Business or Residence Address		east City State Zin Code)						
	1							
		Francisco, CA 94133-460			AL			
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if i	ndividual)							
Hickey, Doug								
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)						
		ers V, L.P., 2 South Par	k 2 nd Floor San Franc	isco CA 94103				
Check Box(es) that Apply:	□ Promoter	⊠ Beneficial Owner	☐ Executive Officer	⊠Director	☐ General and/or			
check Box(es) that ripply.	D I romoter	E Denominal Owner	D Executive Officer	EBBlicciol	Managing Partner			
Full Name (Last name first, if i	ndividual)	The state of the s	,					
Smith, Jed	,							
Business or Residence Address	(Number and Str	eet City State Zin Code)						
	•		C	133 4605				
	-	Pacific Ave., 3rd Floor						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner			
Full Name (Last name first, if i	ndividual)				ividiaging, i ditio			
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Full Name (Last name first, if i	ndividual)							
	•							
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)						

2. Enter the information req	uested of the follo	A. BASIC IDENTIFI	CATION DATA						
		s been organized within the	past five years;						
	ving the power to	vote or dispose, or direct the	vote or disposition of, 10%	% more of a class	of equity securities of the				
issuer; • Fach executive officer an	d director of corne	orate issuers and of corporate	e general and managing nam	tners of nartnersh	in issuers: and				
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if	individual)								
Business or Residence Addres	s (Number and Str	reet, City, State, Zip Code)							
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if	individual)								
Business or Residence Address	s (Number and Str	eet, City, State, Zip Code)							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or				
Check Box(cs) that Apply.	La i fomoto	Denoticial Owner	L Executive Officer	- Director	Managing Partner				
Full Name (Last name first, if	individual)			·					
Business or Residence Address	s (Number and Str	reet, City, State, Zip Code)	·						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if	individual)								
Business or Residence Address	Alambas and Gu	au Čier State Zie Celle							
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Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□Director	☐ General and/or Managing Partner				
Full Name (Last name first, if	individual)				Trianaging 1 at the				
Business or Residence Address	s (Number and Str	reet, City, State, Zip Code)							
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Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if	ndividual)								
Business or Residence Address	(Number and Str	eet, City, State, Zip Code)							
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner				
Full Name (Last name first, if	ndividual)			,					
Business or Residence Address	s (Number and Str	reet, City, State, Zip Code)							

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

英艺 加起。	不定的		以 自己于	B. IN	FORMAT	ION ABO	OUT OFF	ERING				
1. Has the is	suer sold, or		suer intend to Iso in Apper					g?	•••••	Yes	No 🗵	
2. What is th	ne minimum	investment	that will be	accepted fro	om any indiv	idual?			•••••	\$.	10,000.00	
3. Does the	offering per	mit joint ow	nership of a	single unit	?	•••••				Yes □	No ⊠	
commiss offering, with a st	ion or simil If a person ate or states	lar remuners to be listed i , list the nan	for each per ation for sol is an associat ne of the bro er, you may	icitation of ed person of ker or deale	purchasers r agent of a b r. If more th	in connection broker or deaman five (5)	on with sale der registere persons to b	es of securited with the Sloe e listed are a	ies in the EC and/or			
Full Name (I	ast name f	irst, if indiv	vidual)				,					
Business or I	Residence A	Address (N	umber and	Street, City	, State, Zip	Code)						
Name of Ass	ociated Bro	oker or Dea	ler			· · · · · · · · · · · · · · · · · · ·						
States in Wh	ich Person	Listed Has	Solicited o	r Intends to	Solicit Pu	rchasers	· · · · · · · · · · · · · · · · · · ·					
(Check "A	All States" o	or check inc	dividual Sta	ites)								. All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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Full Name (I	ast name f	irst, if indiv	vidual)					<u> </u>				
Business or I	Residence A	Address (N	umber and	Street, City	, State, Zip	Code)	·	`				
Name of Ass	ociated Bro	oker or Dea	ler									
States in Wh	ich Person	Listed Has	Solicited o	r Intends to	Solicit Pu	chasers				-		
(Check "A	All States" o	or check inc	dividual Sta	tes)						••••	•••••	. All States
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Business or I	Residence /	Address (No	umber and	Street City	State 7in	Code)						
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Name of Ass	ociated Bro	oker or Dea	ller									
States in Wh	ich Person	Listed Has	Solicited o	r Intends to	Solicit Pu	rchasers						
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already

	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$3,233,000.00	\$3,204,083.89
	□ Common ☑ Preferred		
	Convertible Securities (including warrants)	\$	\$
	Partnership Interests	\$	\$
	Other (Specify:)	\$	\$
	Total	\$3,233,000.00	\$3,204,083.89
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number of Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	13	\$ <u>3,204,083.89</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.	The second	
		I Whe of	Dollar Amount
	Type of offering	Type of Security	Dollar Amount Sold
	Type of offering Rule 505		
	Rule 505		
	Rule 505	Security	
1.	Rule 505 Regulation A Rule 504	Security	\$ Sold \$ \$
1 .	Rule 505	Security	\$ Sold \$ \$
.	Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	Security	Sold \$ \$ \$ \$
••	Rule 505	Security	Sold \$ \$ \$ \$
••	Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs	Security	\$\$ \$\$ \$\$
	Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs Legal Fees	Security	\$\$ \$\$ \$\$ \$\$
-	Rule 505	Security	\$\$ \$\$ \$\$ \$\$

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C - Qu proceeds to the issuer."	sestion 4.a. This difference is the "adjusted	gross	3	\$ 3,139,083.89
5.	Indicate below the amount of the adjusted gross proce each of the purposes shown. If the amount for any check the box to the left of the estimate. The total of t proceeds to the issuer set forth in response to Part C	purpose is not known, furnish an estima he payments listed must equal the adjusted	te and	l	
				Payments to Officers,	
				Directors, & Affiliates	Payments To Others
	Salaries and fees		. 🗆	\$	_ 🗆 \$
	Purchase of real estate				
	Purchase, rental or leasing and installation of m	achinery and equipment	. 🗆	\$	_ 🗆 \$
	Construction or leasing of plant buildings and f	acilities	. 🗆	\$	□ \$
	Acquisition of other businesses (including the volfering that may be used in exchange for the appursuant to a merger)	ssets or securities of another issuer		\$	_ 🗆 \$
	Repayment of indebtedness		. 🗆	\$	
	Working capital		. 🗆	\$	⊠ \$ 3,139,083.89
	Other (specify):		- 🗆	\$	_ 🗆 \$
	Column Totals		- . 🗆	\$	⊠ \$
	Total Payments Listed (column totals added)		• .	X \$ 3	3,139,083.89
7. K		Ď. FEĎERAL SIGNATURE	9 July 18		
igna	ssuer has duly caused this notice to be signed by the uture constitutes an undertaking by the issuer to furnish mation furnished by the issuer to any non-accredited in	to the U.S. Securities and Exchange Co	mmis	sion, upon writte	
	(Print or Type) Demand, Inc.	Signature Paul			Date September 27, 2004
	(Print or Type) Karchmer	Title (Print or Type) Assistant Secretary			
				· · · · · · · · · · · · · · · · · · ·	
		ATTENTION			
	Intentional minetatements on amineiona	of foot complify to fortunal evineinal.	:-!-4	(Can 40	11.6.0. 4004.)